

HSI22/023

GOVERNING BODY

Title of paper	Governing Body Assurance Framework		
Agenda Item	10	Date of meeting	6 April 2022
Director lead	Roshan Patel, Chief Finance Officer		
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Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input checked="" type="checkbox"/>
	To note/receive	<input checked="" type="checkbox"/>

Link to strategic objective	This paper has links to Objectives:
	<ul style="list-style-type: none"> • 1 – Operational Delivery • 2 – People and Teams • 3 – Service Transformation • 4- Strategy and Planning • 5 – ICS Development

Executive Summary
<p>The Governing Body Assurance Framework (GBAF) provides the CCG Governing Body with an opportunity to review the risks which may prevent the organisation from achieving its strategic objectives.</p> <p>Following agreement of the strategic risks by the Audit & Risk Committee, the CCG's GBAF has been developed with engagement from the CCG Executive Team to identify mitigations in place, actions required, sources of assurance, risks scores and any associated issues that may have an impact on the identified risk.</p> <p>In mid-December 2021, the CCG focus shifted due to the escalation of the Covid-19 pandemic as a result of the Omicron variant and the associated acceleration of the Covid-19 vaccination and booster programme. During this time, some business as usual processes were put on hold or streamlined in order to allow CCG staff to be redeployed or shift priorities to support the incident response.</p> <p>Due to this change in focus, the CCG Executive risk leads were not asked to review and update their risks as they normally would during this period. CCG risks have been managed on a daily basis within the incident structure, via daily system calls, gold calls and silver calls, which include the CCG Executive Team.</p>

For this review, each Executive risk lead has reviewed and updated their risks with a final review carried out by the Chief Finance Officer.

A summary of the risks and changes to the current risk score since the last report to the Governing Body in December 2021 is presented in the table below.

Risk	December score	March score	Movement
01- Covid-19 Restoration & Recovery	16 (4x4)	16 (4x4)	N/A
02- Achieving Constitutional Targets & Improving Care	16 (4x4)	16 (4x4)	N/A
03- Financial Performance	16 (4x4)	4 (2x2)	↓
04- System Reform and New Ways of Working	9 (3x3)	9 (3x3)	N/A
05- Staff Development & Workforce	12 (4x3)	12 (4x3)	N/A
06- Planning for the Future	12 (4x3)	12 (4x3)	N/A
07- Estates & Sustainability	12 (4x3)	12 (4x3)	N/A
08- Cyber Security	8 (4x2)	8 (4x2)	N/A
09- Primary Care Resilience	20 (5x4)	20 (5x4)	N/A
10- Improving Mental Health Care	16 (4x4)	16 (4x4)	N/A
11- Planned Care Programme	20 (5x4)	20 (5x4)	N/A
12- System Workforce Resilience & Sustainability	16 (4x4)	16 (4x4)	N/A

The GBAF is a dynamic document and its development is an iterative process that will change as the position of the CCG changes and programmes of work progress.

This version of the GBAF was reviewed at the last Audit & Risk Committee meeting on 23rd March 2022. The Committee noted three areas requiring further review and updating, which will be carried out during the next review period. These risks and the actions required for each are summarised below.

Finance (Risk 03)

It was noted that the current finance risk has been downgraded significantly as a reflection of the CCG's position for financial year 21/22. This risk will be updated to reflect financial year 22/23 during the next review.

Cyber Security (Risk 08)

The Committee considered that the current score of risk 08 did not accurately reflect the potential cyber security related threats to the CCG as outlined within the Cyber Security Assurance Report. This risk will be reviewed in detail and updated with consideration of risks raised within the Cyber Security Assurance Report received by Audit & Risk Committee.

Estates (Risk 07)

It was noted that the risk as currently presented does not adequately reflect the significant estates challenges within primary care across the CCG geography, including aging premises and difficulty ensuring enough space for the members of staff working within practices as a result of the

development of primary care networks. These will be considered in detail with input from the primary care leads during the next review and the risk will be updated to reflect these challenges.	
Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve the strategic risks as part of the Governing Body Assurance Framework • Consider whether risks are articulated accurately and the score reflects the severity and likelihood • Note the controls, mitigations and actions in place • Note the further actions required and areas of focus as outlined in the above summary
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	None identified in relation to this paper.
Patient and stakeholder engagement	None identified in relation to this paper.
Financial and resource implications / impact	This paper sets out the Governing Body Assurance Framework for the CCG. There is a risk of noncompliance if this programme is not implemented.

Governance and Reporting- which other meeting has this paper been discussed		
Committee Name	Date discussed	Outcome
Audit & Risk Committee	23/03/22	As summarised above

Hampshire, Southampton and Isle of Wight CCG Governing Body Assurance Framework

March 2022

ID	Risk Description	
01	<p>Covid-19 Restoration & Recovery If services are not restored in an effective and timely manner, then patients may not be able to receive safe and effective care, leading to poorer health outcomes for patients, non-delivery of key targets and potential damage to the CCG's reputation.</p>	
CCG Objective		
<p>Operational service delivery</p> <ul style="list-style-type: none"> • Delivery of the Covid-19 vaccination programme • Restoration of elective and cancer care services 		
Risk Owner	Monitoring Committee	Initial rating <small>(impact x likelihood)</small>
Tessa Harvey, Executive Director of Performance	Quality, Performance and Finance Committee	16 (4x4)
Controls in place	Source of assurance	Current rating
<ul style="list-style-type: none"> • Covid-19 vaccination programme in place with over 3.5 million vaccination doses delivered to date across 56 sites • Plan for restoration of access to services in place • Programme workstreams in place covering primary care, urgent care, planned care, diagnostics, mental health, childrens' services, community care. 	<ul style="list-style-type: none"> • Report on Vaccination Programme progress to CCG Governing Body • Restoration and recovery plans are overseen by the HIOW LFR Recovery Coordination Group and the STP/ICS to ensure consistency and deliverability • Performance reports, including updates to the Quality, Performance and Finance Sub-Committee • Restoration updates to Committees & Governing Body • Hampshire & Isle of Wight ICS urgent & elective care analysis report 	16 (4x4)
Mitigating action required	Associated issues	Target rating
<ul style="list-style-type: none"> • Continued support for delivery of the Covid-19 vaccination programme, including planning for any further booster vaccinations • Winter surge plans in use (including use of Winter Access Fund for primary care) • Workforce planning in medium term – gap analysis and development strategy needed (link to #5) 	<p>Recovery is dependent on a number of factors, including:</p> <ul style="list-style-type: none"> • the R rate in the local area staying at 1 or below • Available capital • Available financial revenue • Workforce challenges • Working within available resources • Existing service backlog in certain areas pre-Covid-19 <p>Additional pressure on providers related to current legislative targets.</p>	6 (3x2)

ID	Risk Description		
02	Achieving Constitutional Targets & Improving Care If providers of commissioned services are unable to meet constitutional targets, then patients may not receive timely, effective, responsive or high quality care and treatment.		
CCG Objective			
Operational Service Delivery			
<ul style="list-style-type: none"> Accelerate restoration of elective and cancer care Continue transformation of community, mental health and urgent & emergency care Prepare for winter 2021/22, ensuring sufficient capacity to meet demand 			
Risk Owner	Monitoring Committee	Initial rating (impact x likelihood)	
Julie Dawes, Chief Nursing Officer Tessa Harvey, Executive Director of Performance	Quality, Performance and Finance Committee Primary Care Commissioning Committee	16 (4x4)	
Controls in place	Source of assurance	Current rating	
<ul style="list-style-type: none"> Provider contractual monitoring and assurance. Restoration Plan developed and submitted Hampshire and Isle of Wight Quality of Services Oversight group Mutual aid process in place 	<ul style="list-style-type: none"> Assurance and scrutiny of plans and delivery by Quality Performance and Finance Committee. Escalation of issues to Governing Body 	16 (4x4)	
Mitigating action required	Associated issues	Target rating	
<ul style="list-style-type: none"> Ongoing sourcing of independent sector capacity Management of elective waiting lists with local acute trusts. Continued iteration of winter and surge plans Delivery of PSEH Improvement plan Additional resourcing for UEC programme 	<ul style="list-style-type: none"> Covid-19 has had a significant impact on elective and diagnostic wait times throughout our system resulting in constitutional targets currently not being met Omicron waves of Covid-19 further impacting operational delivery Staffing issues impacting on delivery due to hot spot national shortages, impact of Covid-19 on health & wellbeing and increased number of people self-isolating Ambulance handover delays leading to significant minutes lost for SCAS 	9 (3x3)	

ID	Risk Description		
03	Financial Performance If the CCG does not deliver the planned financial position for 2021/22 and meet its running cost allocation, this could impact the CCG and ICS reputation, may result in reduced opportunity to invest in transforming services to better meet the needs of the population through new models of care, impacting on restoration and recovery and impact on the quality of services for patients		
CCG Objective			
Strategic Planning and Engagement			
<ul style="list-style-type: none"> Develop a robust financial strategy & capital plan that underpins our system strategy & leads to financial sustainability across Hampshire and the Isle of Wight 			
Risk Owner		Monitoring Committee	Initial rating (impact x likelihood)
Roshan Patel, Chief Finance Officer		Quality, Performance, Finance and Workforce Committee	12 (4x3)
Controls in place		Source of assurance	Current rating
<ul style="list-style-type: none"> Financial plan prepared using national and local guidance for first 6 months of 21/22 (April 21 – Sept 21) H1, by Governing Body – H1 forecast surplus achieved H2 (Oct 21 – Mar 22) allocations and financial guidance issued and plans developed in line with National timescale Monthly system forecasts against plan with development of mitigating actions. Scrutiny of plans and delivery by relevant CCG Committees Efficiencies built into place based budgets ensure overall oversight of financial position. Corporate costs budget in place, set as part of overall financial planning process, including efficiency required to meet running costs allocation Efficiency requirement set to ensure costs contained within allocation 		<ul style="list-style-type: none"> Quality, Performance, Finance and Workforce Committee – oversight and review of financial performance against allocations. Monthly reporting of financial position against plan and scrutiny of financial position both locally at place and strategically at CCG level. Annual internal audit of key finance systems (Substantial Assurance received). Annual external audit of financial statements Finance reports presented to Primary Care Commissioning Committee and CCG Governing Body Monthly review of system financial positions and risks with the ICS CFO and all HIOW NHS CFOs Monthly NHS England/Improvement assurance meetings between Regional CFO and ICS CFO. 	4 (2x2)
Mitigating action required		Associated issues	Target rating
<ul style="list-style-type: none"> H1 financial outturn of £2.3m surplus with £12.8m efficiency achieved. H2 financial plan of £5.5m deficit with £16.9m efficiency (£15m identified) and non-recurrent funding received to enable break-even position Overall break even position forecast for 21/22 with high confidence in achievement Detailed budget meetings undertaken with all directors for running cost allocations Due diligence process has commenced for the additional primary care delegated functions (Dental, Optometry and Community Pharmacy services), but no significant financial risk identified. 		<ul style="list-style-type: none"> Preparing for the delayed ICB constitution to ensure a safe transfer of the financial assets and liabilities coincides with the preparation of the 2022/23 financial planning together with year end accounts, which will have a significant impact on the finance team. Special dispensation given by the NHSEI Chief Finance Officer to deploy additional funds to support extra source to help CCGs through this period. 	4 (2x2)

ID 04	Risk Description	
	System Reform and New Ways of Working If CCG objectives and delivery plans are not aligned across our local systems and partners, then there may be delays in implementing models of care for patients leading to adverse impact on patient care, CCG reputation and inefficient use of resources.	
CCG Objective		
Developing our Integrated Care System <ul style="list-style-type: none"> Design the Hampshire & Isle of Wight Integrated Care System (ICS) operating model needed to enable partners to work together effectively Manage the transition to the new model & statutory Integrated Care System body by April 2022 (subject to legislation) 		
Risk Owner	Monitoring Committee	Initial rating (impact x likelihood)
Paul Gray, Director of Strategy	Quality, Performance and Finance Committee	16 (4x4)
Controls in place	Source of assurance	Current rating
<ul style="list-style-type: none"> Hampshire and Isle of Wight Integrated Care System Operating Plan CCG priorities and objectives in place Health and Care Leadership Group and other ICS wide meetings in place to develop relationships and ways of working in partnership ICS programme refreshed with programme board and programme structure in place Joint CCG Technical Project Board with Portsmouth CCG in place Continued monitoring of benefits realisation following the CCG merger Formation of provider collaboratives across HIOW 	<ul style="list-style-type: none"> ICS programme board report to CCG Board and ICS leadership. 	9 (3x3)
Mitigating action required	Associated issues	Target rating
<ul style="list-style-type: none"> Development of ICS structures in preparation for transition July 2022 Appointments to Integrated Care Board Development of refreshed ICS strategy by March 2023 Developing sustainable Partnerships with non-NHS partners including through the establishment of the Integrated Care Partnership Development and formation of provider collaboratives across HIOW footprint 	<ul style="list-style-type: none"> National timeline to establish ICSs as statutory bodies deferred to 1 July 2022 due to Covid pandemic Initial arrangements for each local area to operate as an integral part of the ICB from 1 July to be finalised in Q1 2022/23 Next draft of Hampshire & Isle of Wight ICS System Development Plan (setting out how the system will develop over the next 12 months) to be finalised and submitted 31/03/22 	6 (3x2)

ID	Risk Description			
05	Staff Development & Workforce If the CCG and the ICS in Hampshire & the Isle of Wight is not able to develop confident and able leaders and maintain sufficient workforce, then we will not be able to deliver our plans and support ongoing system development.			
CCG Objective				
Supporting People and Teams <ul style="list-style-type: none"> Support the health & wellbeing of our staff Accelerate workforce transformation & grow the NHS workforce for the future Support and equip leaders, enhancing talent management across the system 				
Risk Owner		Monitoring Committee		Initial rating (impact x likelihood)
Helen Ives, Executive Director of Workforce		Quality, Performance and Finance Committee		15 (5x3)
Controls in place		Source of assurance		Current rating
<ul style="list-style-type: none"> CCG People Plan & Smarter Working People Plan Leadership Development Programme Ongoing staff wellbeing programme Established networks for staff with protected characteristics and EDI steering group focused on improvements in inclusion and belonging and diverse talent Coaching programme in place with further development planned and expansion to the full executive team and beyond Regular review of resourcing and budget and development of regular management report. CSU SLA account management process established and weekly progress meetings held on ESR (electronic staff record)/pay and systems Social partnership working with trade unions and staff side 		<ul style="list-style-type: none"> Internal Audits on HR processes including recruitment Annual workforce report to Remuneration Committee Smarter Working weekly updates to Executive Team Regular recruitment and establishment control process updates to Executive team Joint reporting with finance on workforce budget and expenditure 		12 (4x3)
Mitigating action required		Associated issues		Target rating
<ul style="list-style-type: none"> Organisation Design and Development programme and board required for transformation to ICB Leadership Development programme required Employee experience and change readiness programme required Human Resources policies continue to be reviewed and streamlined People Partner structure being embedded Developing talent management and succession planning Quality improvement plan being developed to streamline processes and enable HR and OD teams to focus on developmental work Implementation of the NHS People and Plan People Promise Review of Future of HR & OD Report and recommendations Further work with finance on establishment control processes and budgets 		<ul style="list-style-type: none"> Resources and capacity to support the ongoing CCG transformation process. Running cost reductions against a growing establishment Clinical workforce sustainability and resilience CSU Service and quality Cost of living increases (including utilities, fuel) – this has been raised to NHSE Relationship with Porstmouth CCG and integration into he ICB 		6 (3x2)

ID	Risk Description	
06	Planning for the Future	
	If the CCG does not ensure that commissioned services are future-proof and tailored to the needs of our people, this may have a negative impact on the wellbeing of our population, increase strain on service providers and reduce public trust in the CCG.	
	CCG Objective	
	Transforming Services	
	<ul style="list-style-type: none"> Accelerate digital transformation to improve efficiency and effectiveness of NHS services Progress the Hampshire Together programme Tackle inequalities which have been exacerbated by Covid-19 Establish a service improvement approach which will lead to improved outcomes Plan to extend the partnerships between NHS, local government and other partner agencies to better serve our communities 	
Risk Owner	Monitoring Committee	Initial rating (impact x likelihood)
Tessa Harvey, Director of Performance Paul Gray, Director of Strategy	Quality, Performance and Finance Committee Primary Care Commissioning Committee	16 (4x4)
Controls in place	Sources of assurance	Current rating
<ul style="list-style-type: none"> Primary Care GP resilience programme of work underway Project team assigned to Hampshire Together Programme to work with partners to progress this project. Transformation Programme Board established, chaired by Chief Medical Officer, to lead and provide oversight to whole system service improvement and NHS Long Term Plan delivery Framework for delivery of Mental health reforms across ICS in place 	<ul style="list-style-type: none"> Performance reports from partner providers Primary Care Commissioning Committee closely monitors resilience in primary care Updates on Hampshire Together programme to governing body Transformation Programme Board 	12 (4x3)
Mitigating action required	Associated issues	Target rating
<ul style="list-style-type: none"> Primary care plan implementation Begin consultation on Hampshire Together Programme Review of digital transformation programme Develop clinical leadership role/function at scale Development on 3 year NHS plan for Hampshire & Isle of Wight and five year Integrated Care Strategy for the ICS 	<ul style="list-style-type: none"> Transition to ICS by July 2022 Delay to Hampshire Together programme planned consultation Primary care workforce resilience Workforce capability and capacity requirements not fully understood or planned for yet 	9 (3x3)

ID	Risk Description	
07	Estates & Sustainability If our CCG estate, including that of primary care, is not fit for purpose or insufficient, this may have an impact on patient and staff wellbeing as well as having potential financial impacts in the short and long-term.	
CCG Objective		
Operational Service Delivery <ul style="list-style-type: none"> Expand Primary Care Capacity to improve access & local health outcomes for people in Hampshire & the Isle of Wight Continue transformation of community and urgent & emergency care Supporting People and Teams <ul style="list-style-type: none"> Support the health & wellbeing of our staff 		
Risk Owner	Monitoring Committee	Initial rating (impact x likelihood)
Roshan Patel, Chief Finance Officer	Quality, Performance and Finance Committee Primary Care Commissioning Committee	12 (4x3)
Controls in place	Source of assurance	Current rating
<ul style="list-style-type: none"> Agreed system capital investment plan in place for 21/22 including primary care and mental health Draft Primary Care Estates Strategy developed Completed review of all CCG estate as part of our Workspaces of the Future and opportunities on what we can do with each building. 	<ul style="list-style-type: none"> Regular review of primary care estates by Primary Care Commissioning Committee Review of overall capital progress through ICS Capital Board Monthly NHS England/Improvement assurance meetings between Regional CFO and ICS CFO. 	12 (4x3)
Mitigating action required	Associated issues	Target rating
<ul style="list-style-type: none"> Workspaces of the future 'pilot' scheme undertaken and offices reopened CCG Estate Group and Sustainability Group in place which combines with the ICS Sustainability Group Development of the 5 year ICS Capital Investment Strategy. Develop a carbon Net Zero Plan by the end of April 2022 	<ul style="list-style-type: none"> Overall review of how primary care estate is used to support Primary Care Networks Further enhance and embed sustainability into strategic planning. 	8 (4x2)

ID 08	Risk Description Cyber Security If cyber security risks are not effectively managed this may result in wide ranging impacts on the CCGs including to data security of both patients and staff and ability to deliver care in an increasingly digital healthcare environment. This could impact in patient care and result in reputational damage and possible financial penalties for the CCGs and provider partners.	
CCG Objective		
Transforming Services <ul style="list-style-type: none"> Accelerate digital transformation to improve efficiency and effectiveness of NHS services 		
Risk Owner	Monitoring Committee	Initial rating <small>(impact x likelihood)</small>
Roshan Patel, Chief Finance Officer (as CCG SIRO)	Audit & Risk Committee	12 (4x3)
Controls in place	Source of assurance	Current rating
<ul style="list-style-type: none"> Information Governance Training Programme- All staff are required to undertake Data Protection Awareness training on a yearly basis. Cyber security concerns from IT, IG and Counter Fraud cascaded to staff via email Cyber Security Strategy and associated action plan IT provider (CSU) hold Cyber Essentials Plus certification 	<ul style="list-style-type: none"> Cyber security exception reports Data Security Protection (DSP) Toolkit Counter Fraud and Security reports Internal Audit on Cyber Security Risk and Data Security Protection Toolkit compliance Updates on information governance breaches from the IG team Information Governance Training data 	8 (4x2)
Mitigating action required	Associated issues	Target rating
<ul style="list-style-type: none"> Cyber security awareness programme being developed for CCG staff. Data Security & Protection toolkit to be completed for 21/22 	<ul style="list-style-type: none"> Challenges related to increased remote working and a more agile/digital workforce. IT services for the CGG are provided by third parties- South Central and West CSU and IOW NHS Trust, therefore any technical mitigations are with these providers rather than the CCG. IT services for Isle of Wight based staff provided by the IOW Trust- IT provision not consistent across entire CCG 	4 (2x2)

ID	Risk Description	
09	Primary Care Resilience If Primary Care Services are not adapted, integrated and delivered in a way that is forward-looking, sustainable and resilient, it may lead to poor outcomes for patients and the teams serving them, financial and reputational challenges for the NHS in Hampshire, and a subsequent impact on associated providers.	
CCG Objective		
Operational Service Delivery		
<ul style="list-style-type: none"> Expand Primary Care Capacity to improve access & local health outcomes for people in Hampshire & the Isle of Wight 		
Risk Owner	Monitoring Committee	Initial rating (impact x likelihood)
Tessa Harvey, Executive Director Performance Nicola Decker, Clinical Leader	Primary Care Commissioning Committee	20 (5x4)
Controls in place	Sources of assurance	Current rating
<ul style="list-style-type: none"> The CCG, practices and wider health & care system are working in an integrated and transparent way to proactively support each other. Primary Care GP resilience programme of work underway Hampshire and Isle of Wight Primary Care Work Programme 21/22 in place CCG Governing Body fully supportive of Primary Care resilience programme following the deep dive into Primary Care in June 2021. Communications and Engagement plan in place to improve the way our communities access primary care Winter Access Fund plans include targeted actions to support resilience and increase primary care capacity 	<ul style="list-style-type: none"> Regular reports to Primary Care Commissioning Committee on primary care resilience Regular updates to Governing Body 	20 (5x4)
Action required	Associated issues	Target rating
<ul style="list-style-type: none"> Further engagement with staff, GPs and wider stakeholders, including consideration of 'place' versus 'scale' and primary care leadership in the emerging integrated care system Development of Primary Care Networks and the 'Additional Roles Reimbursement Scheme' including integration of these new roles into existing teams. Further development of the Hampshire and Isle of Wight Primary Care Work Programme is planned, including the enabling workstreams- workforce, digital and estates. Develop indicators of partnership working and patient experience to reflect on integrated working 	<ul style="list-style-type: none"> Primary care workforce resilience- GPs retiring or leaving Primary Care quicker than new GPs can be recruited, shortages in other clinical and practice support staff. Potential impact of Hampshire County Council's budget consultations on certain services in Hampshire. The widening scope of Primary Care including the complexity and competing priorities. Ongoing Covid-19 pandemic and Winter pressures Impact of political and public pressure on primary care morale and delivery models 	12 (4x3)

ID	Risk Description		
10	Improving Mental Health Care If the gap between demand and capacity for Mental Health services, particularly CAMHS, grows further, this may result in further assessment and treatment delays which will lead to poorer outcomes for patients and subsequent impact on other providers.		
CCG Objective			
Operational service delivery			
Managing increasing demand on mental health services across all age services - with an additional focus on Children and Adolescent Mental Health Services (CAMHS)			
Risk Owner	Monitoring Committee	Initial rating (impact x likelihood)	
Tessa Harvey, Executive Director Performance	Quality, Performance and Finance Committee	20 (5x4)	
Controls in place	Source of assurance	Current rating	
<ul style="list-style-type: none"> 2021/22: £33m Mental Health Investment plan approved - £14m baseline growth, £11m Service Development Funding and £8m Spending Review Funding; £14m of the £33m investment is in CAMHS Clear delivery plans in place against all investments Recruitment and service transformation underway Strategic workforce plan agreed with short, medium and long term actions Mental Health Needs Assessment underway led by Public Health to understand current and future demand Process in place with CCGs and providers to assess and reallocate slippage each month to ensure the available funding is delivering the maximum value to meet in year demand CCG team now reconfigured and vacant posts filled to include ICS wide support roles which will further drive transformation needs. Proposals to address spike in Children and Young People's Eating Disorders have been considered by ICS Executives and additional resources secured 	<ul style="list-style-type: none"> Quality, Performance & Finance Committee – oversight and review of performance against plans Monthly scrutiny of delivery and financial position against plan to Mental Health Operational Delivery Group (ICS wide Executive / Director level group) with escalation to the Mental Health Partnership Board Contract review meetings NHS England/Improvement assurance meetings where required System owned oversight– via ICS Operational Delivery Group (ODG) and MH Programme Board 	16 (4x4)	
Mitigating action required	Associated issues	Target rating	
<ul style="list-style-type: none"> Implement the workforce plan to address the significant recruitment challenge across all programmes, particularly for nursing CCG sign off of the Children and Young People Local Transformation Plans in September 2021 to agree 2022/23 investment in CAMHS in line with the NHS Long Term Plan Scope additional actions with Hampshire CAMHS to address the current waiting list times - the availability of workforce is the limiting factor Complete a strategic review of Hampshire CYP community counselling services Approval of 2022/23 MHIS plan required- Mental Health Investment plan not yet approved due to potential cost pressure – if investments are not able to go ahead as planned this will lead to ambitions not being met and failure of additional LTP targets in 2022/23. 	<ul style="list-style-type: none"> The full impact of COVID-19 on mental health service demand remains unknown South East CAMHS Tier 4 capacity commissioned by NHS England can't meet the demand and is significantly under the modelled capacity requirement, this puts additional pressure on Tier 3 community services and acute hospitals Potential impact of Hampshire County Council's budget consultations on mental health services in Hampshire Acuity of adult mental health needs increasing – AMH bed pressures rising with limited capacity Capacity in MH/LD teams to deliver pathway review (ADHD and Autism) 	9 (3x3)	

ID	Risk Description		
11	Planned Care Programme Patients could come to harm if we fail to maintain our rate of recovery of planned care services (including Cancer Care, Diagnostics and Screening), reduce waiting list size and waiting times for urgent and routine patients in line with NHS performance standards and fail to create closed loop systems ensuring no patients are lost in the system.		
CCG Objective			
Operational service delivery			
<ul style="list-style-type: none"> High quality elective, cancer care and screening services 			
Risk Owner		Monitoring Committee	Initial rating (impact x likelihood)
Tessa Harvey, Director of Performance		Quality, Performance and Finance Committee	20 (5x4)
Controls in place		Source of assurance	Current rating
<ul style="list-style-type: none"> Continue to work with local leaders and programme sponsors and providers to ensure elective delivery plans and accelerator plans are delivered Management of all hospital capacity to minimise elective cancellations Updated action plan in place agreed by planned care board Financial plans in place with new TIF and ERF+ funding Reviewed health inequality impacts Providers have agreed to provide mutual aid for patients >2 years 		<ul style="list-style-type: none"> Restoration and recovery plans are overseen by the Planned Care Board Restoration updates to Committees & Governing Body HIOW ICS Urgent & elective care analysis report Performance reports, including updates to the Quality, Performance and Finance Sub-Committee 	20 (5x4)
Mitigating action required		Associated issues	Target rating
<ul style="list-style-type: none"> Continue to work with local leaders and programme sponsors to engage local leaders Development of Community Diagnostic Centres Continue Speciality reviews and delivery of the investment plans Create strategic plan for future use of the Independent Sector Development of Elective Activity Coordination Hub HHFT action plan in place for lost to follow up Ongoing work to meet the requirements of the operating plan in 22/23 		Planned Care Programme is dependent on a number of factors, including: <ul style="list-style-type: none"> COVID Surges UEC admissions Workforce challenges Working within available resources Digital Transformation Existing service backlog in certain areas pre-Covid-19 Changes to national financial regime 	10 (5x2)

ID	Risk Description		
12	System Workforce Resilience & Sustainability If the health & social care workforce across all providers in Hampshire is not resilient and sustainable that will result in impacts on quality of care, accessibility of services, system performance which could lead to negative outcomes for patients and knock-on effects to other providers within the system.		
CCG Objective			
Supporting People and Teams			
<ul style="list-style-type: none"> Support the health & wellbeing of our staff Accelerate workforce transformation & grow the NHS workforce for the future Support and equip leaders, enhancing talent management across the system 			
Risk Owner		Monitoring Committee	Initial rating (impact x likelihood)
Helen Ives, Director of Workforce		Quality, Performance and Finance Committee	20 (5x4)
Controls in place		Source of assurance	Current rating
<ul style="list-style-type: none"> Hampshire and Isle of Wight People Board meets bi-monthly Attendance at weekly Health and Social Care Cell, Community Capacity Cell and H2 Ops planning meeting Workforce programmes to review critical workforce challenges Workforce governance in ICS structure determined Enhanced occupational health and wellbeing programme Nursing and clinical workforce programme board Turning the Tide Oversight Board Workforce cell now established Daily vaccination workforce meetings Winter workforce plan (meeting frequency to be established) 		<ul style="list-style-type: none"> Workforce report to QPFW Exception report from Hampshire and Isle of Wight People Board Bi-weekly absence reporting from NHS England regional team and monthly regional workforce dashboard reporting Annual staff survey results Quarterly tripartite meetings Reporting through health education England 'Education Collaborative' Monthly People Plan reporting to Region Regional People Board 	16 (4x4)
Mitigating action required		Associated issues	Target rating
<ul style="list-style-type: none"> Establish workforce planning and intelligence regime Workforce performance reporting to be established Development of assurance framework to include SOF and regional workforce dashboard Further triangulation at Hampshire and Isle of Wight level to understand workforce/finance/activity Establishment of workforce cell Substantively resource the ICS workforce function Review of Future of HR & OD Report and recommendations 		<ul style="list-style-type: none"> Lack of monitoring/reporting on workforce across the system National workforce shortages in key clinical roles Covid-19 and Winter pressures impact on workforce Organisational restructuring National directives (i.e. mandatory Covid vaccinations for workforce) Continued rise in demand causing workforce burnout and decreased resilience due to chronic excessive workload Cost of living increases (including utilities, fuel) – this has been raised to NHSE 	12 (4x3)

CCG Objectives

As Agreed by CCG Governing Body June 2021

1 Operational Service Delivery

- a) Deliver the Covid-19 vaccine programme for people in Hampshire & Isle of Wight
- b) Accelerate restoration of elective and cancer care services in Hampshire & Isle of Wight
- c) Manage increasing demand on mental health services in Hampshire & Isle of Wight, with a particular focus on CAMHS
- d) Expand primary care capacity to improve access & local health outcomes for people in Hampshire & Isle of Wight
- e) Continue the transformation of community and urgent & emergency care services in Hampshire & Isle of Wight
- f) Prepare for winter 2021/22, ensuring sufficient capacity to meet demand

2 Supporting people and teams

- a) Support the health & wellbeing of NHS staff in HIOW, looking after our people, helping them to recover and supporting workforce inclusion
- b) Accelerate workforce transformation: embedding new ways of working, growing the NHS workforce for the future
- c) Build the ICS team and functions, with the culture, ways of working & capabilities needed. Re-align CCG, STP and CSU people to support new ways of working – in places, provider alliances and across the Integrated Care System
- d) Support & equip leaders, enhancing talent management in Primary Care Networks, places, provider collaboratives & across the system as a whole

3 Transforming services

- a) Agree & implement next phase of our plans to deliver sustainable health & care for the Isle of Wight population
- b) Progress the Hampshire Together programme, and begin public consultation on the new hospital programme
- c) Accelerate digital transformation to improve efficiency and effectiveness of NHS services
- d) Agree and begin to implement priority actions to tackle inequalities, which have been exacerbated by Covid-19
- e) Establish a service improvement approach which reduces unwarranted variation and leads to improved outcomes, experience & efficiency
- f) Agree and begin implementation of a plan to extend the partnerships between NHS, local government and other agencies to enhance our ability to meet the needs of the population

4 Strategic planning and engagement

- a) Agree an operational plan for the NHS in Hampshire & Isle of Wight for April – Sept 2021
- b) Refresh our strategic plan for Hampshire & Isle of Wight, and the agreed system priorities to deliver improvements in health services and health outcomes
- c) Develop & begin implementation of further community and patient engagement for Hampshire & Isle of Wight to transform how we involve our communities in our work
- d) Develop a robust financial strategy & capital plan that underpins our system strategy & leads to financial sustainability in Hampshire & Isle of Wight

5 Developing our Integrated Care System

- a) Design the Hampshire & Isle of Wight Integrated Care System architecture needed to enable partners to work together effectively, responsive to local needs & able to deliver change at scale, including place based partnerships, and provider collaboratives.
- b) Manage the transition to the new model & statutory Integrated Care System body by April 2022 (subject to legislation)
- c) Ensure the ongoing development of the culture and ways of working needed in the ICS to ensure success
- d) Develop and agree a framework for collectively managing and distributing financial resources in the Integrated Care System
- e) Develop arrangements to oversee & assure quality, operational and financial performance within the system.
- f) Agree and begin implementation of a plan to build the digital & data infrastructure & business intelligence needed to support strategic decision making & performance assurance.